

## **APPLICATION DATA SHEET**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Title::	METHOD AND APPARATUS FOR DETERMINING A DORSIFLEXION ANGLE
Attorney Docket Number::	60019620-0228
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	9
Total Drawing Sheets::	8
Small Entity?::	Yes
Secrecy Order in Parent?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Jack
Middle Name::	
Family Name::	Engsberg
City of Residence::	Eureka
State or Province of Residence::	MO
Country of Residence::	US
Street of Mailing Address::	9 North Trail
City of Mailing Address::	Eureka
State or Province of Mailing Address::	MO
Postal Code of Mailing Address::	63025

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Kelly

Middle Name:: Jean  
Family Name:: King-Ellison  
City of Residence:: Minneapolis  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 545 North First Street, Unit 141  
City of Mailing Address:: Minneapolis  
State or Province of Mailing  
Address:: MN  
Postal Code of Mailing Address:: 55401

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Nathaniel  
Middle Name:: E.  
Family Name:: Hawkins  
City of Residence:: Lake Hiawatha  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of Mailing Address:: 10A Mara Road  
City of Mailing Address:: Lake Hiawatha  
State or Province of Mailing  
Address:: NJ  
Postal Code of Mailing Address:: 07034

### **Correspondence Information**

Correspondence Customer Number:: 26263

### **Assignee Information**

Assignee Name:: Barnes-Jewish Hospital